MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08135

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 22
LENGTH OF STAY (in this place) Almost 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ralls Nursing Home 7420 Maple Ave. 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 16-36-2
STREET ADDRESS (If rural give location) 4018 Jefferson St.

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Marshall (Last) Aman
4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan. 1, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ohio 32
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. George A. Dougherty
14. MOTHER'S MAIDEN NAME: Mary Boyle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Lillian I. Ralls — 7420 Maple Ave, Takoma Pk. 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cardiac Failure-Pulmonary Edema — Interval Between Onset And Death: Several wks.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION: — 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 31, 1949, to Aug. 22, 1953, that I last saw the deceased alive on Aug. 22, 1953, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace N. Mook M.D. (By Associate - K.H. Burden, M.D.)
ADDRESS 7701 Carroll Ave, T.P.
DATE SIGNED Aug. 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/25/53
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR Aug 26 1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN

RECEIVED
AUG 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville. 23
LENGTH OF STAY (in this place): 1½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mrs. Youngerman's Rest Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville 23
STREET ADDRESS (If rural, give location): 109 Forrest Ave., Rockville, Md.

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) May (Last) Armstrong

4. DATE OF DEATH: (Month) 8 (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 9, 1869

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Massachusetts 18

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Egbert D. Rude.

14. MOTHER'S MAIDEN NAME: Esther Taylor Clapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Louise Runkle, 6 Sedgwick Lane, Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause — (a) DUE TO: Hypertensive Heart Disease — Interval Between Onset and Death: 10+ yrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO: Senility — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8 — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to 13 Aug., 1953, that I last saw the deceased alive on 6 Aug., 1953, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE: W. G. Hall (DEGREE OR TITLE): M.D. ADDRESS: Rockville Md. DATE SIGNED: 8/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/15/53 — NAME OF CEMETERY OR CREMATORY: Epiphany Cemetery — LOCATION (City, town, or county) (State): Forestville, Md.

DATE REC'D BY LOCAL REG.: August 17, 1953 — REGISTRAR'S SIGNATURE: Helen S. Eckenfelder — 24. FUNERAL DIRECTOR: Ritchie Bros. — ADDRESS: Upper Marlboro, Md.

per D.J.

RECEIVED
MONTGOMERY - COUNTY
HEALTH - DEPARTMENT
AUG 18 1953
RECEIVED
AUG 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08137

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2200 Hannaman Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	Cora	Arnold	Aug	3	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fe	White	Married	Aug. 24, 1870	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Midwife		Frederick County	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Katherine English — Gaithersburg Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
4201		
Immediate cause	(a) Coronary occlusion	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brantner	M.D.	Gaithersburg Md	8-3-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 6, 1953	Parklawn	Rockville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/10/53	Jessie M. Thompson	Roy Barber	Laytonsville, Md

RECEIVED
AUG 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural X
LENGTH OF STAY (in this place) 2 Mo. 26 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED: Prince
STATE Maryland. COUNTY Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier 16-38-2
STREET ADDRESS (If rural give location) 3852 34th. Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Fern (Last) Aurand

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 17 1912

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months 9 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Automobile Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Body & Fender work

11. BIRTHPLACE (State or foreign country): Columbus, Ohio 32

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ira Fern Aurand

14. MOTHER'S MAIDEN NAME: Bertha Mae Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife: Mrs. Charles F. Aurand Same as #2above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

194.8

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Adrocarcinoma missing bone — 18 mos

DUE TO

(c) both adrenals, tracheal nodes, lung (Primary unk) —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Endocarditis and cerebral hemorrhage 14 d

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 19 53, to August 29, 19 53, that I last saw the deceased alive on August 29, 19 53, and that death occurred at 6:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.J. DEMPSEY, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland 31 August 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF September 2 1953

NAME OF CEMETERY OR CREMATORY National Memorial Cemetery

LOCATION (City, town, or county) (State) Falls Church, Virginia

DATE REC'D BY LOCAL REGISTRAR August 31 1953

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Nalley's Funeral Home, 3200 Rhode Island Avenue, Mt. Ranier, Maryland.

RECEIVED
SEP 1 1953
BUREAU V. S.

Item 18 FilmG157 8-21-53 ams
" 11 " D158 9010-53-mnt.

08139

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville X
LENGTH OF STAY (in this place) 12 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolleffer Sanitarium 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) BYRON (Middle) A. (Last) BARGERON
4. DATE OF DEATH (Month) (Day) (Year) Aug 12-1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1-3-1895
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.F.C.
10b. KIND OF BUSINESS OR INDUSTRY US govt.
11. BIRTHPLACE (State or foreign country) Macon Ga. 09
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Thomas C. Bargeron
14. MOTHER'S MAIDEN NAME Nella Mosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 9
16. SOCIAL SECURITY No. None
17. INFORMANT Carlisle Bargeron 112 Summerfield Ch-Ch Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0 Immediate cause (a) Massive Gastric Hemorrhage due to possible peptic ulcer — INTERVAL BETWEEN ONSET AND DEATH 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c) Parkinsonism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7, 1953, to 8/12, 1953, that I last saw the deceased alive on 8/12, 1953, and that death occurred at 11 00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Belden R. Reap, Silver Spring, Maryland 8/12/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Aug-13-53 NAME OF CEMETERY OR CREMATORY Bonaventure LOCATION (City, town, or county) (State) Savannah Ga.

DATE REC'D BY LOCAL REG. Aug 13, 1953 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Jas Gawlers Sons ADDRESS 1756 Pa Ave NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 445

RECEIVED
AUG 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda - rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 4717 South 31st Street

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Inga (Last) Betke
4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan.,6, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lake Crystal, Minn. 22
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Sorenson
14. MOTHER'S MAIDEN NAME: Anna (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Husband: Bernard G. Betke, same as # 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

744.1

Immediate cause (a) Muscular Dystrophy, Cause Unk. — Interval Between Onset And Death 8 yrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug.,26 1953, to Aug., 27, 1953, that I last saw the deceased alive on Aug., 27, 1953, and that death occurred at 4:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J.R. Shanahan, LT,MC,USN, U. S. Naval Hospital, Bethesda, Maryland — ADDRESS — DATE SIGNED August 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug.,31,1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR Aug.,27,1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR Wm.Chambers,3072 M St.,N.W.,Wash., D.C. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

I. PLACE OF DEATH: COUNTY Montg omery MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ____ COUNTY ____

1. PLACE OF DEATH
COUNTY 16707 St Margaret Way MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md
LENGTH OF STAY in this place
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE New York COUNTY N.Y.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N.Y.
STREET ADDRESS (If rural, give location) 455 W. 188 St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ELSE		BODANSKY	Aug	15	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	June 27 1893	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Germany	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathan Wolff	Martha Rosenthal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	103-26-3842	Harry Bodansky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cancer Breast with Metastases to Bone and Lung	1 year
Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

170X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug 11, 1953 to Aug 15, 1953 that I last saw the deceased alive on Aug 14, 1953 and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Leon J. Cusumano M.D.	1130 Georgia Ave Silver Spring Md	Aug 15, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 16-1953	Cedar Park Cemetery	Westwood N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 17 53	Frances [illegible]	B Bodansky & Son	

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Rural) X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Iowa — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN South English
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sidney (Middle) Frank (Last) Bowar

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8-5-31

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mamie Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1943-2

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Alfred P. Bordette

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to carbon-moxide — Found dead

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

973.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Found dead beneath exhaust of auto

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide X, homicide ___, undetermined ___.*

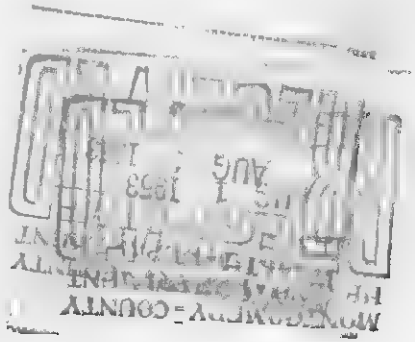
SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Bourquet | M.D. | Gaithersburg, Md | 8-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-6-53 | NAME OF CEMETERY OR CREMATORY: Brethren Cem. | LOCATION (City, town, or county): South English (State): Iowa

DATE REC'D BY LOCAL REG.: 8/6/53 | REGISTRAR'S SIGNATURE: Charles W. Elgin per LJF | 24. FUNERAL DIRECTOR: L. J. Powell | ADDRESS

VS.



RECEIVED
AUG 7
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 164A

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Rt 9
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Earl (Last) Brown

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Nov 29 1896

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ag Worker

10b. KIND OF BUSINESS OR INDUSTRY: for Montgy County Govmt

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Brown

14. MOTHER'S MAIDEN NAME: Hattie McCabe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 220-05-1640

17. INFORMANT AND ADDRESS: Lucy Brown Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: found dead in chair at home

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) —
(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul J. Broschart M.D — Gaithersburg Md — 8-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 13 1953 — NAME OF CEMETERY OR CREMATORY: Brookgrove Md — LOCATION (City, town, or county) (State): Rockville Md

DATE REC'D BY LOCAL REG. 8-13-53 — REGISTRAR'S SIGNATURE: Gertrude B Garden — 24. FUNERAL DIRECTOR — ADDRESS: Roy W Barber Rockville Md

RECEIVED
AUG 19 1953
U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Same; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; STREET ADDRESS (If rural, give location) Asbury Methodist Home

3. NAME OF DECEASED (Type or Print): (First) Buck (Middle) Florence (Last)

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec 13 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months 10 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Farmerwife

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George W. Buck

14. MOTHER'S MAIDEN NAME: Harriet A Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-01-3845-A

17. INFORMANT AND ADDRESS: Friend, Asbury Methodist Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of Stomach — Interval between onset and death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Virus Hepatitis — 26 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized arthritis

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OR office bldg., etc.) INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1953, to Aug 15, 1953, that I last saw the deceased alive on Aug 14, 1953, and that death occurred at 10:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Truman L. Miller M.D. 7 Brooke Ave, Gaithersburg, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-17-53

NAME OF CEMETERY OR CREMATORY: Parkwood

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: Aug 18, 1953

REGISTRAR'S SIGNATURE: Alan W. Cooke

24. FUNERAL DIRECTOR: Buck Funeral Home

ADDRESS: 5065 Harford Rd Baltimore 14 Md

RECEIVED
AUG 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 17 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 5011 Elm St.

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) Emma (Last) Burrows

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 5, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Duvall
14. MOTHER'S MAIDEN NAME: Molly Perry

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 570.5 (a) Intestinal Obstruction, cause unknown — Interval Between Onset And Death: 11 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 5 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 15, 1953, to Aug. 18, 1953, that I last saw the deceased alive on Aug. 17, 1953, and that death occurred at 9.00 P.M., from the causes and on the date stated above.

SIGNATURE Leo M. Curtis M. D. (Degree or title) ADDRESS 5707 Wisconsin Ave., Chevy Chase, Md. DATE SIGNED 8-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 8-18-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR 8/20/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR W. K. Heuntemann
ADDRESS 5732 Ga Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Montgomery COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 702 McNeill Rd

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) F (Last) BURT

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: JAN 15 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Norval Burchell
14. MOTHER'S MAIDEN NAME: Sarah F. Landon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Landon V. Burt 702 McNeill Rd Sil. Sp. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: 5 minutes; 10 years

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1940, to Aug. 21, 1953, that I last saw the deceased alive on Aug. 20, 1953, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W B Wardrop MD.
ADDRESS 837 Bonifant Rd. Silver Spring
DATE SIGNED Aug 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/24/53
NAME OF CEMETERY OR CREMATORY Oak Hill
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REGISTRAR 8-21-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. Fawlers Sons
ADDRESS 1756 Pa Ave Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 25 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Normandy Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Montgomery.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
STREET ADDRESS (If rural, give location) 116 Normandy Dr.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) ANTHONY (Last) BYRNE
4. DATE OF DEATH: (Month) AUG. (Day) 10 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Wh.	Marr.	Aug 7, 1900	53. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: EDWARD T. BYRNE
14. MOTHER'S MAIDEN NAME: CATHERINE HARDING.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: WIFE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Adenocarcinoma, desc. colon with	Appr. 1½ yrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastasis to bladder & pelvis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan 1952 Apr 52	Same.	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Not.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 1951, to Aug 10, 1953, that I last saw the deceased alive on Aug 9, 1953, and that death occurred at 12.59 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William J. Simpson, MD	6216 New Hamp. Ave., Hyattsville	8/10/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-13-53	Mt. Olivet	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/10/53	Frances Potter	James J. Collins	3521-14th ST. N.W. WASH. D.C.

RECEIVED
AUG 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda - rural X
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Massachusetts COUNTY Middlesex
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Medford
STREET ADDRESS (If rural give location) 53 Fellsway Street West

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) (Last) Carroll
4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 5 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Trahey
14. MOTHER'S MAIDEN NAME: Mary Rourke

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Walter F. Bowen, (Daughter) same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

401.3

Immediate cause (a) Rheumatic Heart Disease, Mitral Stenosis — Interval Between Onset And Death: 20 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Fever — 40 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis, massive, left lung — 8 hrs

19a. DATE OF OPERATION: Aug. 26, 1953
19b. MAJOR FINDINGS OF OPERATION Mitral Stenosis and regurgitation
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1963, to Aug., 26, 1953, that I last saw the deceased alive on Aug., 26, 1953, and that death occurred at 3:15 PM, from the causes and on the date stated above.

SIGNATURE Q. J. Florence (Degree or title) ADDRESS DATE SIGNED
Q. J. FLORENCE, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md. August 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Aug., 31 1953
NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
LOCATION (City, town, or county) (State) Medford, Massachusetts

DATE REC'D BY LOCAL REGISTRAR Aug., 27, 1953
REGISTRAR'S SIGNATURE Elith Whittington

24. FUNERAL DIRECTOR ADDRESS
R.A.Pumphrey, 7557 Wisc., Ave., Bethesda, Md.
Gaffey & Sons 43 High St., Medford, Mass.

VS. A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Gaithersburg X
STREET ADDRESS (If rural give location) R.F.D.# 3

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Ann (Last) Chapman

4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Aug. 8, 1953
9. AGE last birthday: yrs. If UNDER 1 YEAR Months Days 7 If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mont. Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert H. Chapman
14. MOTHER'S MAIDEN NAME: Mabel Beall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: R.H.Chapman- Iten # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 756.2 (a) volvulus ileum — Interval Between Onset And Death 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) prematurity

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. congenital ileal band

19a. DATE OF OPERATION: 8-10-53
19b. MAJOR FINDINGS OF OPERATION volvulus ileum
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10-53 to ..., 19..., that I last saw the deceased alive on 15, 19 Aug, and that death occurred at 7:05 P.M., from the causes and on the date stated above.

SIGNATURE John O Roelken MD (Degree or title) ADDRESS 7930 Georgia Ave Silver Springs DATE SIGNED 8-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-17-53
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) (State) Beallsville, Md.

DATE REC'D BY LOCAL REGISTRAR 8/17/53
REGISTRAR'S SIGNATURE Bessie H. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

53326373

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 19 1953
FAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9510 Old Bladensburg Rd.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Gamble (Last) Chestnut
4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 10-31-80
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Guard
10b. KIND OF BUSINESS OR INDUSTRY: Physics Lab.
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Moses Chestnut
14. MOTHER'S MAIDEN NAME: Rebecca Gamble
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records, Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Acute Coronary Cardiac Failure — Interval Between Onset And Death: 5 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronarosa / Ascending colon — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 1945, to Aug 25, 1953, that I last saw the deceased alive on Aug 25, 1953, and that death occurred at 8:12 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. H. Audigé M.D. 837 Bonifant St. Silver Spring Md 8/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Aug 28-1953 Cedar Hill Cem. Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 25 1953
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR ADDRESS
Dodd Funeral Home 4812 Lee Ave Washington D.C.

RECEIVED
AUG 27
BUREAU V. S.

Item 8: film G157 9-4-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park. LENGTH OF STAY (in this place) 1½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gooney
STREET ADDRESS (If rural give location) Holly Hill Road.

3. NAME OF DECEASED: (Type or Print) (First) Madeline (Middle) (None) (Last) Chamberlain
4. DATE OF DEATH: (Month) Aug (Day) 17, (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8/15/~~03~~ 03
9. AGE last birthday: ~~31~~ 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Austria - Hungary
12. CITIZEN OF WHAT COUNTRY? Hungarian

13. FATHER'S NAME: Rudolph Leman
14. MOTHER'S MAIDEN NAME: Edith Plum.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Patient's chart.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured esophageal varices — Interval Between Onset And Death: 48 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gastro intestinal hemorrhage, generalized — 48 hrs

DUE TO

(c) Cirrhosis of liver — 1 yr.

581.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 5, 1953, to August 17, 1953, that I last saw the deceased alive on August 17, 1953, and that death occurred at 8:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Raymond Bradshaw MD
ADDRESS 10331 Old Bladensburg Rd. Silver Spring Md
DATE SIGNED 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 20, 1953
NAME OF CEMETERY OR CREMATORY George Washington Mem.
LOCATION (City, town, or county) Prince Georges (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 17 1953
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR W. W. Taltanel
ADDRESS 3619-14th NW Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

RECEIVED
AUG 18 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 901 Dryden Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) 901 Dryden Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Bruce (Last) Christison

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6/24/53

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C. 48

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Christison

14. MOTHER'S MAIDEN NAME: Katharine Tolbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. William A. Christison, 901 Dryden St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Congenital Heart Disease (Cyanotic Type) — Interval Between Onset And Death: from birth

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO upper respiratory infection — 2 days

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/25, 1953, to 8/13, 1953, that I last saw the deceased alive on 8/12, 1953, and that death occurred at 4 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Maynard Irving Cohen, M.D. ADDRESS 2412 Colston Dr Silver Spring, Md DATE SIGNED 8/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF 8/13/53 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 4 1953 REGISTRAR'S SIGNATURE Frances Totter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A

RECEIVED
AUG 17 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sligo Country Club X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1100 Forest Glen Road

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HENRY (Last) CLARK

4. DATE OF DEATH (Month) August (Day) 29 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 11, 1898

9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker

10b. KIND OF BUSINESS OR INDUSTRY Golf Course

11. BIRTHPLACE (State or foreign country) Silver Spring, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Thomas Clark

14. MOTHER'S MAIDEN NAME Alice Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-03-8597

17. INFORMANT AND ADDRESS Lillian V. Clark. Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X Immediate cause (a) Carcinoma of small Intestines

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 to 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Mar 30, 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma - Intestines.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1953 to Aug. 29, 1953 that I last saw the deceased alive on Aug. 28, 1953, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE J. Little (Degree or title) MD ADDRESS 6911 5th St. N.W. Wash. D.C. DATE SIGNED Aug. 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF August 31, 1953

NAME OF CEMETERY OR CREMATORY George Washington Cemetery

LOCATION (City, town, or county) Prince George County (State) Md.

DATE REC'D BY LOCAL REG. 9-1-53

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Arthur Mackey ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

RECEIVED
SEP 4 19[illegible]
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ✓	
STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	(First) [illegible]	(Middle) [illegible]	(Last) [illegible]	4. DATE OF DEATH	(Month) [illegible] (Day) (Year) 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible]	11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Clifton R. Clarke		14. MOTHER'S MAIDEN NAME [illegible]			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X		
Immediate cause	(a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) [illegible] m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? passenger in auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brosehart	M.D.	Gaithersburg Md	8-8-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Estil Whittington	24. FUNERAL DIRECTOR	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-4-5A

RECEIVED
AUG 11
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 273

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Takoma Park, — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 517 Albany Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 5520 Kansas Ave.N.W.

3. NAME OF DECEASED: (First) Ella (Middle) (Last) Cogan
4. DATE OF DEATH: (Month) 8- (Day) 3- (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 29, 1869
9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alexandria, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Davis
14. MOTHER'S MAIDEN NAME: Annie Stearns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Abbie B. Stephenson, 5520 Kansas Ave.N.W. Wash. D.C.

4

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Dis.
DUE TO
(c)

Interval Between Onset And Death: 2 mo.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1953, to August 3, 1953, that I last saw the deceased alive on 8-2, 1953, and that death occurred at 1.55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Samuel A. Hillman, MD
ADDRESS: 249 No. Ave. Takoma Park
DATE SIGNED: 8/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 5-1953
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State): Prince George Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 3-1953
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: S. H. Hines Co
ADDRESS: 2901-14th St. N.W. Washington, D.C.

VS. A

RECEIVED
AUG 5 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney X
LENGTH OF STAY (in this place) 2 days 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
STREET ADDRESS (If rural give location) R # 2

3. NAME OF DECEASED: (Type or Print) (First) Orem (Middle) Bradley (Last) Coldiron
4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 7/31/53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours 6 Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Warren Harding Coldiron
14. MOTHER'S MAIDEN NAME: Ada Arline Bunch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Warren H Coldiron Ellicott City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

771.0

Immediate cause (a) Hemorrhagic disease of the newborn — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31, 1953 to 8/2, 1953, that I last saw the deceased alive on 8/1, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED 8/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-4-1953
NAME OF CEMETERY OR CREMATORY Venice Grove
LOCATION (City, town, or county) Rose Hill (State) Va
DATE REC'D BY LOCAL REGISTRAR Aug 2-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR F.C. Higinbotham Ellicott City Md ADDRESS

4

RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 24 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 9921 Markham St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Franklin (Last) Cook.

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married.

8. DATE OF BIRTH: 1-25-13

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Technical Editor-Nat'l Radio Inst.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Concord N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Cook.

14. MOTHER'S MAIDEN NAME: Naomi Bue.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hosp. Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 30 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1953, to Aug 16, 1953, that I last saw the deceased alive on Aug 15, 1953, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. Andrews M.D. ADDRESS Silver Spring Md DATE SIGNED 8-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/19/53

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Prince Geo. County, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug-18-1953

REGISTRAR'S SIGNATURE J. Stetson Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
AUG 19 1953
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1512 Wheaton Lane X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) 1512 Wheaton Lane

3. NAME OF DECEASED: (Type or Print) (First) LIVIA (Middle) B. (Last) CURRADI

4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 20, 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Florence, Italy
12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Joseph Balducci
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Maria Fields, 1512 Wheaton Lane, S. S., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 430.1 (a) Acute Coronary Insufficiency — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease — 5 wks.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1953, to Aug 13, 1953, that I last saw the deceased alive on Aug 10, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Samuel Dissoff (Degree or title) M.D. ADDRESS 900-17th N.W. DATE SIGNED 8/13/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/15/53
NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
LOCATION (City, town, or county) (State): Montgomery County, Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug 17 53
REGISTRAR'S SIGNATURE: Frances Toller

24. FUNERAL DIRECTOR: Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 Quincy Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
STREET ADDRESS (If rural give location) 31 Quincy Street

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) (Last) CUTSHALL
4. DATE OF DEATH: (Month) (Day) (Year) August 13, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug.30,1904
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months 11 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Woodsboro, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Cutshall
14. MOTHER'S MAIDEN NAME: Cora Shaw

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Katherine E. Cutshall-Balto. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 170 X

Immediate cause (a) Extensive metastatic carcinoma

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) from primary breast carcinoma

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystitis pyelonephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Aug. 13, 1953, that I last saw the deceased alive on Aug 12, 1953 and that death occurred at 7.45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sarah Kleb MD
ADDRESS 915 19th St. N.W.
DATE SIGNED 8/13/53

23. BURIAL, CREMATION, REMOVAL Burial
DATE THEREOF 8/13/53
NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
LOCATION (City, town, or county) (State) Frederick Maryland

DATE REC'D BY LOCAL REGISTRAR 8/14/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2314 Colston Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2314 Colston Dr.

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Clay (Last) Danilson
4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-20-1881
9. AGE last birthday 71 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Clay Aubray
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Harry G Danilson (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Bronchiectasis	4 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-23-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Aug 25-53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Bentley Md (State)

DATE REC'D BY LOCAL REG. Aug 24/53 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Jos. Gaulers Sons ADDRESS 1756 Po Ave NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — RURAL x
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville 06x
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Woodward (Last) Dean III
4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8.16.53
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days 3 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: David Woodward Dean II
14. MOTHER'S MAIDEN NAME: Mabel Virginia Arrington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
761.0
Immediate cause (a) Asphyxia pallida
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Version and extraction
DUE TO (c) Faulty presentation

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16, 1953, to 8/19, 1953, that I last saw the deceased alive on 8/18, 1953, and that death occurred at 2:15 a.m. from the causes and on the date stated above.
SIGNATURE J. W. Heuber (Degree or title) M.D. ADDRESS Sykesville, Md. DATE SIGNED 8-19-53.

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 8/21/53
NAME OF CEMETERY OR CREMATORY Springfield Cemetery
LOCATION (City, town, or county) (State) Carroll Co - Maryland
DATE REC'D BY LOCAL REGISTRAR 8-19-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Weer & Haight by James Berry
ADDRESS Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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AUG 2[illegible]
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 6 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10208 Douglas Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1621 Monroe St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Matilda (Last) Drury

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)

8. DATE OF BIRTH: June 13 1865

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Perry Mason

14. MOTHER'S MAIDEN NAME: Martha Bladen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS: Mrs V.D. Cassidy - 1621 Monroe St NW Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 6 mo

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1952, to Aug 29, 1953, that I last saw the deceased alive on Aug 29, 1953, and that death occurred at 2:38 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Lawrence Avery M.D. 10110 Georgia Ave Silver Spring Md Aug 1 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 9-1-53 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Washington D.C

DATE REC'D BY LOCAL REG. 9-1-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS The S.H. Hines Co. 2901-14th Washington D.C.

RECEIVED
SEP 4 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08[illegible]

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville Md
LENGTH OF STAY (In this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Rd + Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Park Rd + Maple Ave.

3. NAME OF DECEASED (Type or Print) (First) Wi[illegible] (Middle) Ernest (Last) Duley

4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1953

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 1873

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-16-8580

17. INFORMANT AND ADDRESS Herbert F. Duley-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

[illegible] Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart MD

ADDRESS Gaithersburg Md

DATE SIGNED 8-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sep.13,1953

NAME OF CEMETERY OR CREMATORY Darnestown Presby.

LOCATION (City, town, or county) (State) Darnestown Maryland

DATE REC'D BY LOCAL REG. Sept 11, 1953

REGISTRAR'S SIGNATURE Helen S. Eckenfelder per aj.

24. FUNERAL DIRECTOR Robert A. Pumphrey

ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M I T

RECEIVED
SEP 1 1 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring R.F.D. 2 X
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, R.F.D. 2 X
STREET ADDRESS (If rural give location) Riggs Chaney Rd.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Feild (Last) Edmunds

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 9, 1888
9. AGE last birthday: 65 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper man
11. BIRTHPLACE (State or foreign country): Mississippi
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Randolph Edmunds
14. MOTHER'S MAIDEN NAME: Julia Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.: 577-07-4356
17. INFORMANT & ADDRESS: Mrs Elizabeth H Edmunds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Acute cardiac dilatation — Interval Between Onset And Death: 2 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease with Decompensation — 2+ yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, ~~office bldg.~~, etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ ~~Not While~~ At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946 to 7 Aug, 1953 that I last saw the deceased alive on 6 Aug 1953 and that death occurred at 2 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) A.H. Richmond MD
ADDRESS 5522 Westerfield Ave Chevy Chase
DATE SIGNED 7 Aug 53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 8.10.53
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR 8-[illegible]-53
REGISTRAR'S SIGNATURE Frances [illegible]

24. FUNERAL DIRECTOR The S.H. Hines Co
ADDRESS 2901 14th St NW Washington, DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Montgomery

City or town Glenmont Hills - Silver Spring Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs.

Hospital, institution, or street address where death occurred: 1/2 yrs.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Glenmont Hills - Silver Sps Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 12814 - Matey Rd - Glenmont Hills - Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary A Ferguson

3. (b) Social Security Number

4. Sex: F

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Harry N. Ferguson

Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 11-5-1885

8. AGE: Years 67 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Nebraska
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Elza Wiley

13. Birthplace Nebraska

14. Maiden name Crane

15. Birthplace Nebraska

16. Informant Mrs. Emma Jo Mancin

Address 12814 - Matey Rd Glenmont Hills Md.

17. ..... Date thereof ..... (month) (day) (year)
(Burial, cremation, or removal. Which?)

Cemetery or crematory Cedar Hill

Location Suitland Maryland

18. Funeral director Timothy Hanlon

Address 3831 - Ga. Ave. N.W. Wash D.C.

19. Aug 17 '53 19 [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1953 at 10.30 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from April 14 1949 to death 19 and that I last saw her alive on August 15 1953

Immediate cause of death Congestive Heart Failure — DURATION 1 year

Due to Rheumatic Heart Disease — 50 years

Due to

Other conditions

[illegible]
(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Marcel G. Foret M.D. M. D. or other

Address 1801 K St. N.W. Date signed 8/16/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 9-45-15M

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AUG 19 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this Minutes) 2 Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1407 Woodside Pkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md
STREET ADDRESS (If rural, give location) 9703 Bristol Ave S. S. Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Charles Henry Fischer
4. DATE OF DEATH (Month) (Day) (Year) August 7 1953 19
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 4 1896
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst Chief Clerk
10b. KIND OF BUSINESS OR INDUSTRY Southern Railroad
11. BIRTHPLACE (State or foreign country) York PA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Theodore Fischer
14. MOTHER'S MAIDEN NAME Mary D. Fox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. ---
17. INFORMANT AND ADDRESS Dorothy E. Mullican (Dtr) 9614 Bristol Ave S. S. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 - 4

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident, suicide, homicide, undetermined.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-7-53

CREMATION Removal & Burial DATE THEREOF Aug 17 1953 NAME OF CEMETERY OR CREMATORY Arlington Pat LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5 REGISTRAR'S SIGNATURE Frances [illegible]
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Warner E. Pumphrey 8434 Georgia Ave S. S. Md

cust - The S.H. Hines Co - Washington, D.C.

MARGIN RESERVED FOR BINDING

CASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

RECEIVED
AUG 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9421 Colesville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural give location) 9421 Colesville Road

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Procter (Last) Fritz

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/21/96

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter J. Procter

14. MOTHER'S MAIDEN NAME: Nellie Zuleima Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-26-0160

17. INFORMANT & ADDRESS: Mrs. G. B. Stinchcomb, 9603 Dallas Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343

Immediate cause (a) Acute Cardiac Dilatation. — Interval Between Onset And Death: 10 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June ..,1942., to Aug 29, 1953, that I last saw the deceased alive on June .., 1953., and that death occurred at 12.135 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. B. Cardozo MD — ADDRESS 832 Bonifant St. Silver Spring Md — DATE SIGNED 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/31/53 — NAME OF CEMETERY OR CREMATORY Parklawn Cemetery — LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 9-1-53 — REGISTRAR'S SIGNATURE Francis Potter

24. FUNERAL DIRECTOR Warner & Dunphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. 41

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SEP 4 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Dist. of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3726 Harrison Street, N. W.

3. NAME OF DECEASED: (Type or Print) (First) NETTIE (Middle) BLANCHE (Last) GILES
4. DATE OF DEATH: (Month) August (Day) 28 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 4, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months 1 Days 24 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Basel Nickolson
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Diller B. Groff-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Congestive Heart Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic - Hypertensive Heart Disease
DUE TO
(c)

Interval Between Onset And Death: 4 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1953, to Aug 28, 1953, that I last saw the deceased alive on Aug 28, 1953, and that death occurred at 12 05 PM, from the causes and on the date stated above.
SIGNATURE Robert A. Mayell (Degree or title) M.D ADDRESS 5516 Nebraska Ave D.C. DATE SIGNED 8-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 31, 1953
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington (State) D. C.
DATE REC'D BY LOCAL REGISTRAR 8/28/53
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 31 1953
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) OR TOWN Silver Spring
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8722 Cameron St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8722 Cameron St

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) (Last) GOLDBERG

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: ? ? 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham ?
14. MOTHER'S MAIDEN NAME: Avkerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service: No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hyman Goldberg, 8722 Cameron St. S.S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
153X
Immediate cause (a) Carcinoma of Colon
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chron Bronchitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1953, to Aug 25, 1953, that I last saw the deceased alive on Aug 25, 1953, and that death occurred at 11:45 AM, from the causes and on the date stated above.
SIGNATURE Irene A Rosenthal (Degree or title) MD ADDRESS 2025 Eye St NW Wash DC DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 26, 1953
NAME OF CEMETERY OR CREMATORY King David Mem. Garden
LOCATION (City, town, or county) Falls Church (State) Va
DATE REC'D BY LOCAL REGISTRAR 8-26-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR B. Davyansky & Son
ADDRESS 3501 14th St NW Washington DC

VS

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1322 Randolph St. N.W.

3. NAME OF DECEASED (Type or Print): (First) JAY (Middle) S. (Last) GOODMAN
4. DATE OF DEATH (Month) AUG. (Day) 17, (Year) 1953

5. SEX M | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Sept. 11, 1882 | 9. AGE last birthday 70 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Department Store
11. BIRTHPLACE (State or foreign country) Holly, N.Y. 29
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Solomon Goodman
14. MOTHER'S MAIDEN NAME Zeda Stern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Henry Goodman - Nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Toxemia resulting from gangrene of foot
260 X Antecedent cause(s) Diabetes Mellitus - Endarteritis obliterans with
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) gangrene of foot - Chronic myocarditis.
(c)

INTERVAL BETWEEN ONSET AND DEATH: under treatment for diabetes since 1937

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1933, to Aug 17, 1953, that I last saw the deceased alive on Aug 16, 1953, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr Melville A Sprecher M D 1801 Eye St NW Washington D C

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Aug. 19, 1953 | NAME OF CEMETERY OR CREMATORY Wash. Hebrew Congregation Cemetery | LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 8/19/53 | REGISTRAR'S SIGNATURE Lissie M. Fiennes | 24. FUNERAL DIRECTOR H. Hellmann Sons Funeral Home | ADDRESS Wash. D.C.

RECEIVED
AUG 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda RURAL | LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cabin John X
STREET ADDRESS (If rural give location) 6628 81st St.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Monroe (Last) Graham
4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16 1875
9. AGE Last birthday: 78 yrs. | IF UNDER 1 YEAR: Months 3 Days 19 | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engineer Retired
10b. KIND OF BUSINESS OR INDUSTRY: self-empl.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Garrison Graham
14. MOTHER'S MAIDEN NAME: Nelson Wallis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-03-2436A
17. INFORMANT & ADDRESS: John S. Graham - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular failure, Edema lung — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) massive scarring, left ventricle — years

DUE TO

(c) Old myocardial infarction — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Hypertrophy, heart (570 gm)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1953, to Aug. 5, 1953, that I last saw the deceased alive on Aug. 5, 1953, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leo M. Curtis, M.D. 5707 Wisconsin Ave. Chevy Chase Md. 8-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/8/1953
NAME OF CEMETERY OR CREMATORY: Parklawn
LOCATION (City, town, or county) (State): Montgomery Co. Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-5-53
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

RECEIVED
AUG 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. V-4
STREET ADDRESS (If rural give location) 1315 S Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Eunice (Middle) Green (Last)

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated

8. DATE OF BIRTH: May 26, 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Boston

14. MOTHER'S MAIDEN NAME: Ida V. Lucas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 352-26-2603

17. INFORMANT & ADDRESS: Patient on admission to Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic carcinoma of the lung — Interval Between Onset And Death: 3 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of the breast

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 14, 19 53, to August 12, 19 53, that I last saw the deceased alive on August 12 1953, and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE (Degree or title) Stanley Green M.D. Pen. Asst. Surg. U.S.P.H.S.(R.) ADDRESS Clement Center, Bethesda, Md. DATE SIGNED 8/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-15-53 | NAME OF CEMETERY OR CREMATORY Woodmont Cem. | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 8/13/53 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Davis Funeral Home ADDRESS 1432 You St. N.W. D.C.

RECEIVED
AUG 17 1933
BUREAU V. S.

Mrs Geo

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; MARYLAND; LENGTH OF STAY (in this place) 2½ hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase; STREET ADDRESS (If rural give location) 5105 Wimsett Rd.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Heaney

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 7, 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 11 Days 24 IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Heaney

14. MOTHER'S MAIDEN NAME: Mary Petunia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Donald F. Heaney 9304 Buchanan St. Bethesda Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331

Immediate cause (a) Apparently Cerebral vascular accident — Interval Between Onset And Death 3-4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterial hypertension (so nurse says) — Interval Between Onset And Death yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/ 19 53, to 8/ , 19 53, that I last saw the deceased alive on 8/15/53 19 ..... , and that death occurred at 6 20 p.m., from the causes and on the date stated above.

SIGNATURE Elbert L. Veale, M.D. (Degree or title) ADDRESS 4616 Montgomery Ave Bethesda 8/16/53 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8-4-53; NAME OF CEMETERY OR CREMATORY Mt. Olivet; LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 8.3.53; REGISTRAR'S SIGNATURE Bessie M. Thompson; 24. FUNERAL DIRECTOR Robert A. Dunphrey ADDRESS Bethesda, Md.

Dr. Brochard at Gaithersburg was called 8-3-53 says no pm [illegible] to be done according to Mrs. Morrell [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda 8
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 11 Westwood Lane

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Hebron

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): Baby
8. DATE OF BIRTH: Aug. 20, 1953
9. AGE last birthday: yrs. If under 1 year: Months Days; If under 24 hrs.: Hours 2 Min. 6

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jesse Leon Hebron
14. MOTHER'S MAIDEN NAME: Celestine Minerva Prather

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother - 11 - Westwood Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Pre-Immaturity

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Premature Labor

DUE TO (c) Cause Unknown

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1953, to 8-21, 1953, that I last saw the deceased alive on 8-21, 1953, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Michael L Buckley M.D. ADDRESS 4652 East West Highway DATE SIGNED 21 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8/22/53 NAME OF CEMETERY OR CREMATORY SUBURBAN HOSPITAL LOCATION (City, town, or county) (State) BETHESDA, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8/24/53 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Amelia [illegible] Carter, Supt. per ASB ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 23 1 13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Silver Spring
LENGTH OF STAY (in this place) A
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10220 New Hampshire Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY MONTG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) HILLENDALE, SILVER SPG.
STREET ADDRESS (If rural, give location) 10220 New Hampshire Ave.

3. NAME OF DECEASED: (Type or Print) (First) Dallas (Middle) T. (Last) Heilman

4. DATE OF DEATH: (Month) Aug. (Day) 13, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 22 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: BLDG TRADES.
11. BIRTHPLACE (State or foreign country): Rockland Co., Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Heilman
14. MOTHER'S MAIDEN NAME: Mary Jane Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: 10220 N. Hampshire Av. Geo. T. Heilman, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	Minutes
DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary Atherosclerosis	5 yrs.
DUE TO	(c) Generalized Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis, decompensation Months

19a. DATE OF OPERATION: //
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1953, to Aug. 13 1953, that I last saw the deceased alive on Aug. 13, 1953, and that death occurred at 9.P. m., from the causes and on the date stated above.

SIGNATURE Wallace N. Mook (DEGREE OR TITLE) M.D. ADDRESS 7701 Carroll Ave. Takoma Park, Md. DATE SIGNED 8-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug 17, 1953
NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery
LOCATION (City, town, or county) Balto Blvd. at DORSEY Rd. (State) Md.

DATE REC'D BY LOCAL REG. Aug 14 1953
REGISTRAR'S SIGNATURE Frances Totter
24. FUNERAL DIRECTOR Arthur O. Walters ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5 8-51

RECEIVED
AUG 17 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1022 Woodside Parkway

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (none) (Last) Hickok
4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept. 1, 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 11 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wayne Co. Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Elliott
14. MOTHER'S MAIDEN NAME: Marie A. Stanley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Myocardial degeneration with pericardial adhesions & hemorrhage — Interval Between Onset And Death 4-5 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis of coronary arteries with focalization in left — years
DUE TO
(260X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus; ileus, terminal. — 10 yrs.

19a. DATE OF OPERATION: July 13, 1953
19b. MAJOR FINDINGS OF OPERATION Cholecystectomy; empyema of gall bladder; cholelithiasis.
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1953, to 8-9, 1953, that I last saw the deceased alive on 8-9, 1953, and that death occurred at 2:15 A.M., from the causes and on the date stated above.
SIGNATURE Arthur R. Bergman, M.D. (Degree or title) ADDRESS 8801 Colesville Rd. Silver Spring Md. DATE SIGNED 8-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Aug 11-1953 NAME OF CEMETERY OR CREMATORY Oakwood Cem. LOCATION (City, town, or county) Troy (State) N.Y.
DATE REC'D BY LOCAL REGISTRAR Aug 9 1953 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-1454 L.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG 11
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Md. LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George Sey
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampshire Knolls
STREET ADDRESS (If rural give location) 907 Ray Road, Hampshire Knolls

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Polly (Last) Hidden
4. DATE OF DEATH: (Month) August (Day) 4 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-28-82
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): London, England.
12. CITIZEN OF WHAT COUNTRY? England

13. FATHER'S NAME: George Sexton
14. MOTHER'S MAIDEN NAME: Grace Attride

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Marjorie Slade, 907 Ray Rd. Hampshire Knolls Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Pulmonary edema, severe

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Nephritis Subacute

DUE TO

(c) Cirrhosis of liver, mild

Interval Between Onset And Death: ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1953, to Aug 4, 1953, that I last saw the deceased alive on Aug 4, 1953, and that death occurred at 6:35 PM, from the causes and on the date stated above.

SIGNATURE Boris Robbin (Degree or title) M.D. ADDRESS 1200 Lebanon Street Silverspring DATE SIGNED Aug 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 7, 1953 NAME OF CEMETERY OR CREMATORY George Washington Cem. LOCATION (City, town, or county) Riggs Rd., Prince Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 5 1953 REGISTRAR'S SIGNATURE J. Wilton Dodd
24. FUNERAL DIRECTOR Takoma Funeral Home ADDRESS Mother Hayes 254 Carroll St. N.W., Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda X
LENGTH OF STAY (in this place): 41 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda X
STREET ADDRESS (If rural give location): 6029 River Road

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Lucile (Last) Hinton

4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 24, 1899

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Cleon McDaniel

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hubert Hinton (husband) 6029 River Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cardio respiratory Failure — Interval Between Onset And Death: 15 m

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral Thrombosis — 48 hrs

DUE TO (c) Hypertension & Cerebral Arteriosclerosis — Unk.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/19, 1953, to 8/21, 1953 that I last saw the deceased alive on 8/21, 1953 and that death occurred at 9.10 P.M., from the causes and on the date stated above.

SIGNATURE: Stephen H. James M.D. (Degree or title) — ADDRESS: Rockville Md — DATE SIGNED: 8/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 26, 1953 — NAME OF CEMETERY OR CREMATORY: Lincoln Memorial Cemetery — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR: 8/24/53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: W. E. Jarvis Co. — ADDRESS: 1432 You St. NW

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] 47

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1953

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT & ADDRESS: Son: James C. Houghton, same as # 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 6 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic arthritis — 30 yrs.

DUE TO

(c)

427.4

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible] **19b. MAJOR FINDINGS OF OPERATION** [illegible]

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) [illegible] (Day) [illegible] (Year) [illegible] (Hour) [illegible] m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) cremation

DATE THEREOF August 15 1953

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) (State) Prince Georges, Maryland

DATE REC'D BY LOCAL REGISTRAR [illegible]

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

W.E. Pumphrey, Silver Spring, Md.

RECEIVED
AUG 13 1903
BUREAU V. S.

Item #9 - Film G158-9/10/53 mnt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural give location) 4508 Bennion Road

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Ellen (Last) Howard

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 9-8-1870
9. AGE last birthday: 82 86 yrs. IF UNDER 1 YEAR Months 11 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Virginia 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Whittaker
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Lorena M. Tennant - 3504 Minn. Ave. S.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Posterior Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis

DUE TO

(c) Senescence

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1953, to 8/31, 1953, that I last saw the deceased alive on 8/30, 1953, and that death occurred at 9 10 AM, from the causes and on the date stated above.

SIGNATURE Belden R. Reap (Degree or title) MD ADDRESS Silver Spring, Md. DATE SIGNED 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/2/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9/1/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 517 - 11 St SE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
SEP 4 1953
BUREAU V. S.

Items 13,14 FilmG157 8/10/53 whw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Xaverian College

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Xaverian College COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
STREET ADDRESS (If rural give location) 10000 New Hampshire

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Fidelis (James Francis) (Last) Howe
4. DATE OF DEATH (Month) Aug. (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3/15/1893
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious Brother
10b. KIND OF BUSINESS OR INDUSTRY (Teaching)
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James W. Howe
14. MOTHER'S MAIDEN NAME Mary Sheahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Record Xaverian College Silver Sp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Insufficiency	
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	1917
	(c) Arteriosclerotic Heart Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1952 to ....., 1953, that I last saw the deceased alive on July 23, 1953, and that death occurred at 2 A.m., from the causes and on the date stated above.

SIGNATURE George P. George (Degree or title) M.D. ADDRESS 9404 Colesville Rd. S.S. Md. DATE SIGNED 8/3/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/5/53
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) Baltimore MD (State)

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Charles F. Evans & Son ADDRESS 118 W. Mt. Royal Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Montgomery County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital, NNMC

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): 2022 Columbia Road N.W.

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Bell (Last) HUMPHREY

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months 11 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): USMC Officer

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Marine Corps

11. BIRTHPLACE (State or foreign country): Wyoming

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles F. Humphrey

14. MOTHER'S MAIDEN NAME: Juanita Da Costa Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: (Wife) Ruth B. Humphrey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 420.1	(a) Myocardial infarction	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary thrombosis	10 days
	DUE TO (c) Arteriosclerosis	Several years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Bethesda (CITY OR TOWN) Montgomery (COUNTY) Maryland (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10 1953, to Aug. 20, 1953, that I last saw the deceased alive on Aug. 20, 1953, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. E. NICHOLLS LT, MC, USNR U. S. Naval Hospital, Bethesda, Maryland August 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-24-53
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: Aug. 20, 1953
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: Joseph Gawler's Funeral Home
ADDRESS: 1756 Penn. Ave., N.W., Washington, D. C.

RECEIVED
AUG 21 1953
BUREAU V. S.

Item 9 FilmG157 8/25/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-1

1. PLACE OF DEATH:
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Waverley Sanitarium (W)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
STREET ADDRESS (If rural give location): 2023 H Street, N. W.

3. NAME OF DECEASED (Type or Print): (First) Ross (Middle) H (Last) Hunter

4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. (SINGLE,) MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 13/1888

9. AGE last birthday: ~~67~~ 65 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Holt Hunter

14. MOTHER'S MAIDEN NAME: E iza B. (cousin)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Edith Reynolds 4504 Foxbury Dr. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemmhage — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized arteriosclerosis — 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19 53, to Aug. 16, 19 53, that I last saw the deceased alive on Aug. 16, 19 53, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas C. Hunton, M.D. 1834 Eye N.W. Washington D.C.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/16/53 — NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: 8/18/53 — REGISTRAR'S SIGNATURE: Jessie M. Hutchison

24. FUNERAL DIRECTOR: Joseph Gawler's Sons — ADDRESS: 1750 Pa. Ave. NW Washington

RECEIVED
AUG 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH:
COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital, NNMC

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Hgts. X
STREET ADDRESS (If rural give location) 13 Irving Place

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Brady (Last) HUPP
4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: May 15, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): Marrietta, Ohio 32
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Brady Hupp
14. MOTHER'S MAIDEN NAME: Mary F. Marsh
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: WIFE: Mrs. Ella B. Hupp, same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
155 X
Immediate cause (a) Carcinoma of ampulla of Vater with DUE TO metastasis to lungs and liver
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death 8 mo

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the prostate

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) Bethesda (COUNTY) Montgomery (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 10 1953, to Aug 24, 1953, that I last saw the deceased alive on Aug. 24, 1953, and that death occurred at 9:58 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. D. BRILL LT. MC, USN U. S. Naval Hospital, Bethesda, Maryland August 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 27, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR August 24, 1953
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS R.A.Pumphrey Funeral Home, Bethesda, Md.

RECEIVED
AUG 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda X

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase

STREET ADDRESS (If rural give location): 3305 Winnett Rd.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	John	(NMI)	IMIRIE	Aug	1	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Married	Oct 17, 1870	82 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Patent Attorney		Washington D.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Imirie	Eleanor Scott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no.		George Wm Imirie 5575 Old Georgetown Rd. Bethesda Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
578X Immediate cause	(a) Pulmonary infarcts from	Few hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Thrombus pulmonary artery	Few hours
	DUE TO (c) Cardiac dilatation & fibrillation	2 days
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Colectomy & colostomy for gangrene	7 days

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
24 July 53	Gangrene cecum & ascending colon - Vascular (?)	Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 26 July, 1953, to 1 Aug, 1953, that I last saw the deceased alive on 1 Aug., 1953, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Suburban Hospital Bethesda Md	3 Aug '53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-4-53	Cedar Hill Memorial	Suitland Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-3-53	Beatrice M Thompson	Robert L Humphreys	Bethesda, Md.

VS 4

RECEIVED
AUG 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown — LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Berryville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown (rural)
STREET ADDRESS (If rural, give location) Berryville Rd.

3. NAME OF DECEASED (Type or Print): (First) Jame (Middle) Eduard (Last) Jackson

4. DATE OF DEATH: (Month) Aug (Day) 29 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 11, 1897 — 9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Jackson — 14. MOTHER'S MAIDEN NAME: Barbara Clutper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Henry Jackson Jr. Gouranton md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Frank J. Broschart M.D. Gaithersburg md 8-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/1/53 — NAME OF CEMETERY OR CREMATORY Seneca Community — LOCATION (City, town, or county) (State) Seneca, Md.

DATE REC'D BY LOCAL REG. 9-1-53 — REGISTRAR'S SIGNATURE Helen S. Eckenfels — 24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville Md

dj.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln Park, X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lincoln Park, Rockville
STREET ADDRESS (If rural give location) 331 Lincoln Ave

3. NAME OF DECEASED: (Type or Print) (First) Melvin (Middle) J. (Last) Jackson

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 7, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Norris

14. MOTHER'S MAIDEN NAME: Mary Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Shelby Jackson (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 15 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Arteriosclerosis — Indef.

DUE TO

(c) Congestive Heart failure — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to Aug. 20, 1953, that I last saw the deceased alive on Aug. 12, 1953 and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hugh M. Jones M.D. ADDRESS Rockville Md DATE SIGNED 8/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8/23/53 NAME OF CEMETERY OR CREMATORY Fisherman LOCATION (City, town, or county) (State) Lincoln Park, Rockville, Md

DATE REC'D BY LOCAL REGISTRAR 8-23-53 REGISTRAR'S SIGNATURE Helen Eckenfelder Asst. Registrar

24. FUNERAL DIRECTOR ADDRESS R. H. Snowden, Rockville, Md

MONTGOMERY COUNTY
HEALTH DEPT.
AUG 24 1953
RECEIVED

RECEIVED
AUG 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg, (Rural) LENGTH OF STAY (in this place) 56 yrs X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg (Rural) X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Warren (Last) Johnson

4. DATE OF DEATH: (Month) Aug (Day) 19th (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Col,
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 29-1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 9 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Carpenders Helper
11. BIRTHPLACE (State or foreign country): Gaithersburg. Md,
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Johnson
14. MOTHER'S MAIDEN NAME: Sarah Fitchue

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War-I
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Helen M. Johnson, Gaithersburg. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

352 X

Immediate cause (a) Hemiplegia left side

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) —

DUE TO

(c) —

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Disease + Nervous Disorder

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1953 to Aug 13, 1953 that I last saw the deceased alive on Aug 13 1953, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Gaithersburg DATE SIGNED 8-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-21-53
NAME OF CEMETERY OR CREMATORY Arlington Nat, Cemetery,
LOCATION (City, town, or county) (State) Arlington. Va.

DATE REC'D BY LOCAL REGISTRAR Aug. 19, 1953
REGISTRAR'S SIGNATURE Alonda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner. ADDRESS Gaithersburg. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED: X 42
STATE Virginia COUNTY Prince
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Route 1, Box 120

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) Frederick (Last) Jones
4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 30 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Vance Jones
14. MOTHER'S MAIDEN NAME: Morelle Goods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO.: - - - -
17. INFORMANT & ADDRESS: Father: Richard Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X
Immediate cause (a) Anoxia — Interval Between Onset And Death: 3 day
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Prematurity — B
DUE TO
(c) Hyaline Membrane Disease — B

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 and that death occurred at , from the causes and on the date stated above.
SIGNATURE M. E. Allen (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 8-3-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Edith Worthington
24. FUNERAL DIRECTOR ADDRESS

2073221333

RECEIVED
AUG 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2200 Montgomery Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2200 Montgomery Street

3. NAME OF DECEASED (Type or Print) (First) Enos (Middle) C. (Last) Keys

4. DATE OF DEATH (Month) Aug. (Day) 30 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 11, 1869
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - E.C. Keys & Son, Fuel oil & Bldg. Sup.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Montifix Keys
14. MOTHER'S MAIDEN NAME Martha Ann Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Sarah Keys Watson, 1015 Dale Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.2

Immediate cause (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1942, to 30 Aug., 1953, that I last saw the deceased alive on 28 Aug., 1953, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE William D. Lund (Degree or title) MD ADDRESS Silver Spring, Md DATE SIGNED 30 Aug 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/2/53
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Washington, D. C. (State)

DATE REC'D BY LOCAL REG. 9-1-53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-C

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring (Linden) — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Linden, Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2200 Montgomery Street	STREET ADDRESS (If rural, give location): 2200 Montgomery Street

3. NAME OF DECEASED (Type or Print)	(First) Sarah	(Middle) Boyd Maughlin	(Last) Keys	4. DATE OF DEATH	(Month) Aug. (Day) 17 (Year) 1953
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 4/14/73	9. AGE last birthday: 80 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - own home	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13. FATHER'S NAME: William Workman Maughlin		14. MOTHER'S MAIDEN NAME: Mary Jane Rheinhart			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT AND ADDRESS: Mrs. Sally Watson, 1015 Dale Drive Silver Spring, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a)	Gastric Hemorrhage Acute	6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Carcinoma of Stomach	18 months
	(c)	Arteria	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Arterio-sclerotic Heart disease c̄ Decompensation — 7 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 11-18-46, 19....., to 8-16, 1953, that I last saw the deceased alive on 8-16, 1953, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE: Francis L. Richardson (Degree or title) — ADDRESS: 7717 Alaska Ave N.W. West D.C. — DATE SIGNED: 8-17-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 8/19/53	NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery	LOCATION (City, town, or county) (State): Washington, D. C.
DATE REC'D BY LOCAL REG.: 8/20/53	REGISTRAR'S SIGNATURE: Francis Toller	24. FUNERAL DIRECTOR: Warner C. Humphrey	ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

VS. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest Glen Villa Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: V 31-3
STATE Raleigh — COUNTY Wake
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Carolina
STREET ADDRESS (If rural give location) 903 W. State Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) BETTIE DELIA MAYNARD KING

4. DATE OF DEATH: (Month) (Day) (Year) August 3 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 15, 1888

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Homemaker - Own Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Maynard

14. MOTHER'S MAIDEN NAME: Elizabeth Mangum

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 4202 Kaywood Drive, Mrs. Jacob Levin, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175 X

Immediate cause (a) Metastatic Carcinoma — Interval Between Onset And Death: 4 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Primary Carcinoma of Ovary — ? 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. R. Ureterostomy - done at time of Surgery

19a. DATE OF OPERATION: April, 1953.

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Ovary, Right

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to August 3, 1953, that I last saw the deceased alive on August 2, 1953, and that death occurred at 3 40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Seymour Greenbaum, M.D. 9300 Ewing Drive, Bethesda, Md. 8/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Ship. & burial

DATE THEREOF: Aug. 4, 1953

NAME OF CEMETERY OR CREMATORY: Myetts Chapel Church Cemetery

LOCATION (City, town, or county) (State): Raleigh, Wake Co., N. C.

DATE REC'D BY LOCAL REGISTRAR: 8-4-53

REGISTRAR'S SIGNATURE: Frances Cotter

24. FUNERAL DIRECTOR ADDRESS: [illegible], Silver Spring, Md.

RECEIVED
AUG 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08513

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 days 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Shady Grove Rd.

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) E. (Last) King

4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11/2/1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY: Nursery
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas King
14. MOTHER'S MAIDEN NAME: Martha Croson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 220-26-6520
17. INFORMANT & ADDRESS: Boyd, Md. Nephew - Thomas King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cardiac [illegible] — Interval Between Onset And Death: [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Central Thrombosis — [illegible]

DUE TO

(c) Arteriosclerosis — [illegible]

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/26, 1953, to 8/31, 1953, that I last saw the deceased alive on 8/31, 1953, and that death occurred at 5 50 AM., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-2-53
NAME OF CEMETERY OR CREMATORY Oakdale Cem.
LOCATION (City, town, or county) Oakdale (State) Va.

DATE REC'D BY LOCAL REGISTRAR 9/10/53
REGISTRAR'S SIGNATURE Bessie M. Rampage
24. FUNERAL DIRECTOR WM. B. Hilton
ADDRESS Barnesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OLNEY X
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON
STREET ADDRESS (If rural give location) 2200 40th Place N.W.

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) B (Last) Lewis
4. DATE OF DEATH: (Month) 8 (Day) (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 13, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria - Hungary
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Barrichavitz
14. MOTHER'S MAIDEN NAME: Vencanha Perissre

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Pauline Lewis (Daut.) 2900 Conn. Ave. Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.2 Immediate cause	(a) Chronic Myocarditis	Yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO and (b) Tubercular Adenitis	2 yrs
015X1	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis of Spine — 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25, 1953, to 8/1, 1953, that I last saw the deceased alive on 7/31, 1953, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

SIGNATURE C. H. Legoe (Degree or title) MD ADDRESS Sandy Spring, Md DATE SIGNED 8/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/4/1953
NAME OF CEMETERY OR CREMATORY Congressional Cem.
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 8-4-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Joseph Gawler's Sons
ADDRESS 1756 Pa. Ave. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4314 Kaywood Dr.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) John (Last) Libert
4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 8-6-25
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) statistician
10b. KIND OF BUSINESS OR INDUSTRY Gov. clerk
11. BIRTHPLACE (State or foreign country) Wash. DC.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Libert
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Tessie Libert (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia by drowning — INTERVAL BETWEEN ONSET AND DEATH: sudden death

927.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Swimming Pools (CITY OR TOWN) Cherry Chase (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-22-53-3:45 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? drowned while swimming

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 8.22.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/25/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) Pr. Geo. Co. Md

DATE REC'D BY LOCAL REG. 5-24-53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901 14th St N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-5A

RECEIVED
AUG 2[illegible] 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Monty. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson, Md. MARYLAND. LENGTH OF STAY (In this place) X Life. HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X. STREET ADDRESS (If rural, give location) Dickerson

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Dutrow (Last) Smithsonian

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 17 1881

9. AGE last birthday: 72 yrs. If under 1 year: Months 22 Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Dickerson, Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Cassidy Smithsonian

14. MOTHER'S MAIDEN NAME: Rachel E. Dutrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 178

17. INFORMANT AND ADDRESS: Iona Hay Smithsonian

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute heart failure — Interval Between Onset and Death: 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Gastroenteritis with Toxic pneumonia — 18 days

(c) — 8 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July-23-, 1953, to Aug-8-, 1953, that I last saw the deceased alive on Aug-8-, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William E. Heller MD 7-Brooke Ave., Gaithersburg, Md.

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF 8-11-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Aug. 8 1953 — REGISTRAR'S SIGNATURE Della W. Burdette — 24. FUNERAL DIRECTOR — ADDRESS

H. Hyattstown, Md.

RECEIVED
AUG 11 - 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parish
STREET ADDRESS (If rural give location) City Post Office

3. NAME OF DECEASED: (Type or Print) (First) (Rea) (Middle) Tison (Last) Rosanna (~~Tison~~) Lowe

4. DATE OF DEATH: (Month) (Day) (Year) August 15 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 13, 1917
9. AGE last birthday: 36 yrs. If under 1 year: Months 1 Days 2 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Clerical work
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hutton Smith Tison
14. MOTHER'S MAIDEN NAME: Ruth Elizabeth Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 263-12-4626
17. INFORMANT & ADDRESS: Mr. Joe B. Lowe 12020 Bluehill Road, Silver Spring, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
570.3
Immediate cause (a) cortico adrenal collapse
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) volvulus terminal ileum
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. gangrene of terminal ileum

19a. DATE OF OPERATION: Aug 13-53
19b. MAJOR FINDINGS OF OPERATION volvulus c̄ gangrene terminal ileum
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.. , to ....., 19... , that I last saw the deceased alive on 14 19 Aug 53 , and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE John O Robbins (Degree or title) MD ADDRESS 7930 Georgia Ave Silver Spring Md DATE SIGNED 8-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-18-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR 8/17/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M

RECEIVED
AUG 19 1953
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. M.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Scotland 18X-2
STREET ADDRESS (If rural give location) 7 Lock Road

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) — (Last) Lucas
4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1953
5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 4, 1912
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Betty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Mary Lucas - R.F.D. Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 526X (a) Post-operative ~~[illegible]~~ intrathoracic hemorrhage — 6 to 12 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Lobectomy, lower & middle lobes, right lung — 12 hrs
DUE TO (c) Bronchiectasis right lung — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 21 August 53
19b. MAJOR FINDINGS OF OPERATION: Bronchiectasis, right lung
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Aug, 1953, to 22 Aug, 1953 that I last saw the deceased alive on 21 Aug 1953, and that death occurred at 2 a.m., from the causes and on the date stated above.
SIGNATURE John H Rosser (Degree or title) M.D. ADDRESS Suburban Hospital Bethesda DATE SIGNED 22 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/25/53
NAME OF CEMETERY OR CREMATORY Lincoln Park,
LOCATION (City, town or county) Rockville, Md (State)
DATE REC'D BY LOCAL REGISTRAR 8/25/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8333 Grubb Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 3232 No. Woodrow Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WILLIAM DEWEY MARSHALL

4. DATE OF DEATH (Month) (Day) (Year) August 29 1953

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH June 19, 1898
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Plumbing Supply
11. BIRTHPLACE (State or foreign country) Alexander Co N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ray A Marshall
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) U.S. Army (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Betty M Edwards (Daughter) 124 A Helmick St Norfolk VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4 [illegible] Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause (3) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 8-29-53

[illegible] CREMATION [illegible] (Specify) Removal
DATE THEREOF 9-1-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Moravian Falls NC

DATE REC'D BY LOCAL REG. 9-1-53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR The S. H. Hines Co
ADDRESS 2901-14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 mo. - 13 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1808 18th St. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) Amelia (Last) Matthews
4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 2-24-87
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jersey City, N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Miller
14. MOTHER'S MAIDEN NAME: Christine Kuster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: patients chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 200.0 (a) Congestive heart failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Reticulum cell sarcoma
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity; Amputation of left lower extremity

19a. DATE OF OPERATION: 11/3/52
19b. MAJOR FINDINGS OF OPERATION: Reticulum cell sarcoma
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1952, to 8/28, 1953, that I last saw the deceased alive on 8/27, 1953 and that death occurred at 1:17 A.M., from the causes and on the date stated above.

SIGNATURE Norman Olivier (Degree or title) M.D. ADDRESS 1108 Woodside Pkwy S.S. Md DATE SIGNED 8/28/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 8/31/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 19th
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR W.W. Chambers ADDRESS 517-11th St. S.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring X

LENGTH OF STAY (in this place): Life.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1028 McCeney Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring, Md.

STREET ADDRESS (If rural, give location): 1028 McCeney Ave.

3. NAME OF DECEASED: (Type or Print) Jas. (First) WILLIAM (Middle) HENRY (Last) McCENEY.

4. DATE OF DEATH: (Month) AUG. (Day) 25 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male.	White	WIDOWED.	MARCH 17, 1863	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
FARMER	FARMING	WHITE OAK SILVER SPRING, MD	U.S.

13. FATHER'S NAME: HENRY COLE McCENEY.

14. MOTHER'S MAIDEN NAME: ANNA STEPHEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No —	NONE	Robert McCeney Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.1

Immediate cause (a) Pneumonia, Hypostatic. — INTERVAL BETWEEN ONSET AND DEATH: 2 4 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, General.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug 18, 1953 to Aug 25, 1953, that I last saw the deceased alive on Aug 25, 1953 and that death occurred at 2.08 A.M., from the causes and on the date stated above.

SIGNATURE James A. Roberts (DEGREE OR TITLE) M.D. ADDRESS 8901 Coleville Road Silver Spring, Md DATE SIGNED Aug 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/28/53	St. Mark's Cemetery	Fairland, Montgomery County, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-28-53	Frances Potter	Warner & Pumphrey,	8434 Georgia Ave. Silver Spring, Md.

RECEIVED
AUG 31
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darnestown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Germantown

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darnestown
STREET ADDRESS (If rural give location) R.F.D. Germantown

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) (Last) MERRILL

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 6-29-'68

9. AGE Last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret. Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Giles Williams Merrill

14. MOTHER'S MAIDEN NAME: Elizabeth Ogden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Thomas Kelley- Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 332 X (a) Cerebral Thrombosis — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 3 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1947, to Aug 18, 1953, that I last saw the deceased alive on 18 Aug, 1953, and that death occurred at 9:03 P.M., from the causes and on the date stated above.

SIGNATURE John Fawcett (Degree or title) MD ADDRESS Boyd Md DATE SIGNED 19 Aug '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-21-53 NAME OF CEMETERY OR CREMATORY Darnestown Presbyterian Church LOCATION (City, town, or county) Darnestown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-21-53 REGISTRAR'S SIGNATURE Helen L. Eckenfelder per d.f.

24. FUNERAL DIRECTOR Robert P. Humphrey ADDRESS Bethesda, Md.

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda - rural
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5 Galley Green

3. NAME OF DECEASED: (Type or Print) (First) Christian (Middle) Theodore Emil (Last) Meyer

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 10 1905

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Chappaque, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Christian F. Meyer

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 11-27 to 8-53

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife: Mary K. Meyer Same as # 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: 12 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive - arteriosclerotic vascular disease — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1953, to August 4, 1953, that I last saw the deceased alive on August 4 1953, and that death occurred at 1:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. J. DEMPSEY, LT, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Md. August 4 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: August 7 1953
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: August 4 1953
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS
R.A. Pumphrey, 7557 Wisconsin Ave., Bethesda Maryland

RECEIVED
AUG 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

216

Reg. Dist. No. ~~218~~

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) RFD # 3

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Alge (Last) Morningstar Morningstar

4. DATE OF DEATH (Month) August (Day) 5 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 18, 1888
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT (COUNTRY)? U.S.A.

13. FATHER'S NAME Charles Morningstar
14. MOTHER'S MAIDEN NAME Geisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Wm. W. Bradley Washington Grove Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 825X (a) Massive Atelectasis both lungs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral pedunculus

(c) Delayed shock

INTERVAL BETWEEN ONSET AND DEATH 2 2/3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Fracture at wrist and 3 rib st.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Hyattstown (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-2-53 - 9:10 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? passenger in auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-5-53

23. MARIAL, CREMATION OR MOVAL (Specify) Burial DATE THEREOF 8-8-53 NAME OF CEMETERY OR CREMATORY Park Lawn LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REG ~~Aug 7, 1953~~ Aug 11, 1953 REGISTRAR'S SIGNATURE ~~Amelia G. Cooke~~ Bessie M. Hankins

24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Md. — LENGTH OF STAY (in this place): 50 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Md.

STREET ADDRESS (If rural, give location): 9011 Mohawk Lane.

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) G. (Last) MUHSE

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 11/26/66

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months 8, Days 5 — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Lebanon, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick Muhse

14. MOTHER'S MAIDEN NAME: Sheda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Effa F. Muhse- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) PNEUMONIA LEFT LOWER LOBE — Interval Between Onset and Death: 4 Days

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL ATHEROSCLEROSIS. 10 yrs.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953, to Aug. 1, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE: James A. Roberts (DEGREE OR TITLE) M.D. ADDRESS 8901 Colesville Road Silver Spring, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 8-3-53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. 8-3-53 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

RECEIVED
AUG 7 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 904 Kerwin Drive X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) 904 Kerwin Drive

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) I. (Last) Naylor
4. DATE OF DEATH: (Month) Aug. (Day) 7 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/21/83
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John K. Mulloy
14. MOTHER'S MAIDEN NAME: Iola Beard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Horace S. Naylor, 904 Kerwin Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) PULMONARY CARCINOMA — Interval Between Onset And Death ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) GENERALIZED CARCINOMATOSIS. ?

DUE TO

(c) INITIAL CARCINOMA LT. BREAST. ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 JULY, 1953, to 7 AUG., 1953, that I last saw the deceased alive on 7 AUG., 1953, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Marshall Cuvillier Jr. MD
ADDRESS 1407 WOODSIDE PARKWAY
DATE SIGNED SILVER SPRING, MD. 7 AUG. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/10/53
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 8-10-53
REGISTRAR'S SIGNATURE Frances Stolten
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 5-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4414 Chestnut Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4414 Chestnut Street

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Lee (Last) NiFong

4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 2, 1888

9. AGE last birthday: 65 yrs. — If under 1 year: Months 1, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret- Machinist

10b. KIND OF BUSINESS OR INDUSTRY: US Gov't.

11. BIRTHPLACE (State or foreign country): N. Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Noah Nifong

14. MOTHER'S MAIDEN NAME: Hezikiah Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Amy L. Nifong- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Borchart M.D. Gaithersburg md 8-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 8-21-53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. 8/19/53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

R. F. & A. Pumphrey Bethesda, Md.

VS. A

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BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
LENGTH OF STAY (In this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Nuttall

4. DATE OF DEATH (Month) Aug (Day) 27 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-24-1872
9. AGE last birthday 81 yrs. If under 1 year Months 3 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real estate
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Nuttall
14. MOTHER'S MAIDEN NAME Sarah Hodges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Maud Nuttall Wash. Grove, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Boschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-27-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-29-53
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REG. Aug 28, 1953
REGISTRAR'S SIGNATURE Wanda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and ~~legibly~~.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Big Woods Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barnesville; STREET ADDRESS (If rural give location) Big Woods Rd.

3. NAME OF DECEASED: (Type or Print) (First) Lucille (Middle) (Last) Onley

4. DATE OF DEATH: (Month) Aug. (Day) 16, (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married | 8. DATE OF BIRTH: March 20 1909 | 9. AGE last birthday: 44 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME: George J. Moore | 14. MOTHER'S MAIDEN NAME: Annie M. Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Francis M. Onley. Barnesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) ..... DUE TO: Cerebral Hemorrhage — Interval Between Onset And Death: 4 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO: Hypertension Malignant — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: no | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to Aug 16, 1953, that I last saw the deceased alive on Aug 16, 1953, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John S. Fawcett MD | ADDRESS Barnesville Md | DATE SIGNED 18 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/19/53 | NAME OF CEMETERY OR CREMATORY Jerusalem | LOCATION (City, town, or county) Barnesville. Md (State)

DATE REC'D BY LOCAL REGISTRAR 8-19-53 | REGISTRAR'S SIGNATURE Helen S. Eckenfelder | 24. FUNERAL DIRECTOR Robert L. Snowden | ADDRESS Rockville Md

VS. A1

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1 T

1. PLACE OF DEATH:
COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda - rural X
LENGTH OF STAY (in this place): 10 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ...

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washingt
STREET ADDRESS (If rural give location): ...

3. NAME OF DECEASED: (Type or Print) (First): Chauncey (Middle): Goodrich (Last): Parker, Jr.

4. DATE OF DEATH: (Month): Augus (Day): 2 (Year): 19 5

5. SEX: Male

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: ... yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Banker

10b. KIND OF BUSINESS OR INDUSTRY: Finance

11. BIRTHPLACE (State or foreign country): New Lon

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chauncey Goodrich Parker, ...

14. MOTHER'S MAIDEN NAME: Dora Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): W I WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: ...

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 Immediate cause (a) Carcinoma, nec, type undetermined DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c) ...

Interval Between Onset And Death: 3 months

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ... 19b. MAJOR FINDINGS OF OPERATION ...

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) ... PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) ... m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from May 27, 19[illegible], to August 5, 19[illegible], that I last saw the deceased alive on August 5, 19[illegible], and that death occurred at ... (Degree or title), from the causes and on the date stated above.
SIGNATURE T. L. Murphy ADDRESS ... DATE SIGNED ...

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF August 8 1953 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, Vir (State) ...

DATE REC'D BY LOCAL REGISTRAR ... 1953 | REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR Joseph Gawler's, 1756 Penn. Ave., N.W., D.C. ADDRESS ...

RECEIVED
AUG 7 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH:
COUNTY ... MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ... LENGTH OF STAY (in this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ... COUNTY ...
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ...
STREET ADDRESS (If rural give location) ...

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) Bayles (Last) [illegible]

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 19...

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: ...

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): ..., D.C. 44

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James H. SAYLES

14. MOTHER'S MAIDEN NAME: [illegible]

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ... (If Yes, give war or dates of service) ...

16. SOCIAL SECURITY No.: ...

17. INFORMANT & ADDRESS: ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Generalized carcinomatosis — Interval Between Onset And Death: 4 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Adenocarcinoma, Sigmoid Colon — 14 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION ...

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ... INJURY OCCURED While at Work ☐ Not While At Work ☐ ... HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ... ADDRESS ... DATE SIGNED ...

23. BURIAL, CREMATION, REMOVAL (Specify) ... DATE THEREOF ... NAME OF CEMETERY OR CREMATORY ... LOCATION (City, town, or county) (State) Bowie, Md.

DATE REC'D BY LOCAL REGISTRAR ..., 1953 ... REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS McGuire Funeral Home, 1820 9th Street, ..., D.C.

RECEIVED
BUREAU V. S.

Item 18 File 2157 8-21-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital, Md. 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Route [illegible] Cave Spring X
STREET ADDRESS (If rural give location) Route [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) Emmett (Last) POPHAM

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 19[illegible]

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 7, 1931
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Emmett Popham
14. MOTHER'S MAIDEN NAME: Matty Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Mary Popham, Route [illegible], Cave Spring, [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

237 X

Immediate cause (a) Cerebellar tumor (Malignancy undetermined) — Interval Between Onset And Death: 6 weeks.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-10-53
19b. MAJOR FINDINGS OF OPERATION: Enlarged cerebellar hemisphere
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE E P Phelan (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF August 14, 53 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR August 11, 1953 REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR Jennings Funeral Home, [illegible] ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

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RECEIVED
AUG 12
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Olney
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Redland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Shirley (Middle) (Last) Prather

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/30/1938

9. AGE last birthday: 14 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Prather

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5921

Immediate cause (a) Uremia — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic glomerulonephritis — 5 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24 1953, to 8/1 1953, that I last saw the deceased alive on 8/1 1953, and that death occurred at 5.45 p.m., from the causes and on the date stated above.

SIGNATURE A. A. Bromfield (Degree or title) M.D. ADDRESS Sandy Spring, Md. DATE SIGNED 8/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 4 1953 NAME OF CEMETERY OR CREMATORY Brookmont Memorial Park LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-4-53 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Roy W Baldwin Sr ADDRESS Laytonsville Md

RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,151 Old Bladensburg Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lyndhurst; STREET ADDRESS (If rural, give location) 301 Travers Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vernon	Frost	Preston	Aug.	9	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	5/21/72	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Marine Engineer	Real Estate Salesman-Retired	Vermont 42	U.S.A.

13. FATHER'S NAME: Roswell Preston

14. MOTHER'S MAIDEN NAME: Isabelle Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes Span. Amer. and WW I	109-10-2294	Mr. Gilbert D. Preston, 10,151 Old Bladensburg, Rd.

18. MEDICAL CERTIFICATION — Silver Spring, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockhurst M.D.		Gaithersburg md	8-9-53

DISPOSITION (Burial, Cremation, Removal, Donation)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial & Trans.	8/12/53	Hillside Cemetery	Lyndhurst, Bergen Co., N. J.

DATE RCD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Warner & Dunphrey	8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

USE BLACK INK. PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The ... especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairland X; RURAL X; LENGTH OF STAY (in this place) 15 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairland X; STREET ADDRESS (If rural give location) Route #2 Box 419a Colesville Road.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) — (Last) RUTKOSKI

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 2, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? MORKOSKI

14. MOTHER'S MAIDEN NAME: ? MORKOSKA.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Sophie Burton - Fairland Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.2 Chronic Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ulcerative Colitis — 2 years.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jun 1, 19 48, to Aug 26, 1953, that I last saw the deceased alive on Aug 26, 1953, and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ignatius Rutkoski M.D. ADDRESS 1819 - G St. NW DATE SIGNED 8/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8/28/53; NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery; LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 8-28-53; REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
AUG 31 1953
BUREAU V. S.

Item #9 Film G157 9-3-53 - mrt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg Co Gen Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 408 E. Montgomery Ave

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) J. (Last) Ryan
4. DATE OF DEATH (Month) Aug. (Day) 19 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: May 21 1888
9. AGE last birthday: 64 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Lewis B Ryan
14. MOTHER'S MAIDEN NAME: Mary Dempsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) WW 1
16. SOCIAL SECURITY No.: 220-32-7332
17. INFORMANT & ADDRESS: Wm J. See

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4 X
Immediate cause (a) Pulmonary Embolism
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death 30 min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from ..... to~~ 8/19, 1953, that I last saw the deceased alive on 8/19, 1953, and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE J.W. Hutzler (Degree or title) M.D. ADDRESS Sykesville Md DATE SIGNED 8/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 21, 1953
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville Md
DATE REC'D BY LOCAL REGISTRAR 8-19-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Lutherville Md

VS. A1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda - rural
LENGTH OF STAY (in this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 3

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert George Schauer

14. MOTHER'S MAIDEN NAME: Louise Ann Baber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Father: Robert G. Schauer, Same as above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac arrest with Jaundice — Interval Between Onset And Death: 2 hr. 23 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Erythroblastosis Fetalis (Hydrops) — 3 hr. 23 min.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 to , 19, that I last saw the deceased alive on , 19, and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

RECEIVED
AUG 14 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural X
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington V
STREET ADDRESS (If rural give location) 204 "F" Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)
4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX:
6. COLOR OR RACE:
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH:
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): Cedar Falls, Iowa 13
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Elizabeth Me

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hotel, Washington, D.C. (Nephew) Sheraton Park

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

355 X

Immediate cause (a) Bronchopneumonia (Bilateral) — Interval Between Onset And Death: 36 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral atrophy — 18 mo

DUE TO

(c) Generalized arteriosclerosis — Indefinite Prob. Sound yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19 ..., that I last saw the deceased alive on ....., 19 ..., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Warren T. Brill (Degree or title) ADDRESS DATE SIGNED 8

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF August 11, 1953 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR August 7, 1953 REGISTRAR'S SIGNATURE Edith Lovettington
24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6407 McArthur Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 6407 McArthur Blvd

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) Shoemaker

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 17- 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Edward Shoemaker

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Vermillion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mary R. Garrett 6407 McArthur Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
163X Immediate cause	(a) Metastatic Carcinoma of Liver	1 year
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Carcinoma of Rectum	2 years
	DUE TO (c) Carcinoma Left Lung	2½ years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Heart Disease	5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Aug 4, 1953, that I last saw the deceased alive on Aug 4, 1953, and that death occurred at 7:50 AM, from the causes and on the date stated above.

SIGNATURE Robert J. Angle (Degree or title) M.D. ADDRESS 5029 Bethesda Ave Bethesda, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug-13-1953

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 8/10/53

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W.W. Chambers Co ADDRESS 3072 M St N.W.

RECEIVED
AUG 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersberg X
STREET ADDRESS (If rural give location) Watkins Mill Road

3. NAME OF DECEASED: (Type or Print) (First) Beatrice (Middle) (Last) Skipwith

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-23-05
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unk.
14. MOTHER'S MAIDEN NAME: unk.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) X (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 15 X (a) Massive Atelectasis, both lungs — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Emergency thoracotomy for heart massage

DUE TO

(c) Post Operative ~~Heart Stop~~ Cardiac Arrest — 5 mins

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma, descending colon

19a. DATE OF OPERATION: 1 Aug. 53
19b. MAJOR FINDINGS OF OPERATION: Intestinal Obstruction from Carcinoma descend colon
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 July 1953, to 5 Aug, 1953, that I last saw the deceased alive on Aug. 5, 1953, and that death occurred at 6.50 p.m., from the causes and on the date stated above.

SIGNATURE Abh. (Degree or title) M. D. ADDRESS Suburban Hospital Bethesda Md. DATE SIGNED 7 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8/8/53 NAME OF CEMETERY OR CREMATORY Brooke Grove LOCATION (City, town, or county) Laytonsville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/10/53 REGISTRAR'S SIGNATURE [illegible] Thompson
24. FUNERAL DIRECTOR R. L. Snowden, ADDRESS Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

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AUG 12
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington Heights
LENGTH OF STAY (in this place): about 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3000 McComas Ave

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Virginia COUNTY: V
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 800 Franklin St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Robert Steiner
4. DATE OF DEATH (Month) (Day) (Year): August 10 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct. 31, 1870
9. AGE last birthday: 82 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Exile Manufacturer
11. BIRTHPLACE (State or foreign country): Vienna, Austria
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sigmund Steiner
14. MOTHER'S MAIDEN NAME: Catharina Ungraf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Alfred Steiner - 800 Franklin St. Alex. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 13 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/29/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1943, to Aug 5, 1953, that I last saw the deceased alive on Aug 5, 1953, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE: Herbert Alvarnson (Degree or title) ADDRESS: 915-19-N W DATE SIGNED: 8/10/53

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)
DATE THEREOF: Aug. 17, 1953
NAME OF CEMETERY OR CREMATORY: Wash. D.C.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 8-11-53
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: B. Wanzansky & Son - Wash. D.C. ADDRESS

RECEIVED
AUG 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney X
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Monty. Co Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Germantown
STREET ADDRESS (If rural give location): R+1

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Eugene (Last) Stup

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 5-18-1880

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Stup

14. MOTHER'S MAIDEN NAME: Virginia Hargett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hosp. records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 5 days
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ,1951, to 8/30, 1953, that I last saw the deceased alive on 8/30, 1953, and that death occurred at 9:22 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: Sandy Spring Md. — DATE SIGNED: 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 2, 1953 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-31-53 — REGISTRAR'S SIGNATURE: Gertrude B Fawley

24. FUNERAL DIRECTOR: Clin L. Molesworth — ADDRESS: Damascus, Md.

RECEIVED
OCT 5 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 8402 Flower Ave

3. NAME OF DECEASED: (Type or Print) (First) Gabriel (Middle) (None) (Last) Szegedy

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Caue

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 7-25-79

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mill worker

10b. KIND OF BUSINESS OR INDUSTRY: Mill

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? Hungary

13. FATHER'S NAME: Gabriel Szegedy

14. MOTHER'S MAIDEN NAME: Julian Kun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 X

Immediate cause (a) Pulmonary Edema & Emphysema

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchogenic Carcinoma

DUE TO

(c)

Interval Between Onset And Death: ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1953, to Aug. 16, 1953, that I last saw the deceased alive on Aug. 16, 1953, and that death occurred at 10:a.P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.T. Morse M.D. (by assoc. K.H. Burden M.D.) 7630 Carroll Ave. T.P. Aug. 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Transit-Burial

DATE THEREOF August 19, 1953

NAME OF CEMETERY OR CREMATORY North Church Cemetery

LOCATION (City, town, or county) Franklin, (State) New Jersey

DATE REC'D BY LOCAL REGISTRAR Aug. 17 1953

REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR J. Arthur Walter

ADDRESS 254 Carroll Street, NW Washington, DC

RECEIVED
AUG 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk | LENGTH OF STAY (in this place) 60 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash San - Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — | COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural give location) 723 Sheridan St

3. NAME OF DECEASED: (Type or Print) (First) Cecil (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1953

5. SEX: MALE | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 6-16-80 | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret | 10b. KIND OF BUSINESS OR INDUSTRY: auditor | 11 BIRTHPLACE (State or foreign country): NEWBERN. NC | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lee Grayson | 14. MOTHER'S MAIDEN NAME: Caroline Lanier

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes | (If yes, give war or dates of service) Spanish AFF | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Secondary to Cerebro-sclerosis and — Interval Between Onset And Death undetermined
DUE TO (c) Arterial Hypertension — Interval Between Onset And Death undetermined

331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1953, to Aug 9, 1953, that I last saw the deceased alive on Aug 9, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] MD (Degree or title) | ADDRESS 7835 Eastern Ave Silver Spring | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Aug. 13-1953 | NAME OF CEMETERY OR CREMATORY Arlington Nat Cem. | LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR Aug 10-1953 | REGISTRAR'S SIGNATURE F. Nelson Dodd

24. FUNERAL DIRECTOR The S.H. Hines Co. | ADDRESS 2901 14th St. N.W. Washington, D.C.

Montgomery County Coroner
Dr Broschart was telephoned
concerning circumstances of
this case. There was
some question as to
subject receiving an
overdose of Nembutal on
day preceding death.
However in view of
typical clinical picture
of cerebral accident with
left hemiplegia as well
as previous transitory episodes
of coma & left hemiplegia
he authorized my signing
certificate as death due
to Cerebral Hemorrhage

Jesse V Ball

RECEIVED
AUG 11 1 3
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217 — 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Olney — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery Co., Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Barnesville
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) A. (Last) Tibbs

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing

8. DATE OF BIRTH: March 28, 1933

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months 4 Days 7 IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Suburban Hospital, Bethesda, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Tibbs

14. MOTHER'S MAIDEN NAME: Helen Virginia Gambrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Helen Virginia Tibbs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Enteritis — Interval Between Onset And Death: 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemorrhage - Surgery - cause undetermined

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Undetermined

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 31, 1953, to Aug. 4, 1953, that I last saw the deceased alive on Aug. 3, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William C. Miller, M.D. 7 Brooke Ave., Gaithersburg Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-7-53 — NAME OF CEMETERY OR CREMATORY: Bobbs Ch Cemetery — LOCATION (City, town, or county) (State): Germantown, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 5, 1953 — REGISTRAR'S SIGNATURE: Ursula G. Locke — 24. FUNERAL DIRECTOR: Ernest C. Gantz — ADDRESS: Gaithersburg Md.

8-7-53 Gertrude B Fawler

406

RECEIVED
AUG 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda - rural X
LENGTH OF STAY (in this place): 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY: Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Arlington
STREET ADDRESS (If rural give location): 6233 18th Road North

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Ogden (Last) Treber

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 20 1910

9. AGE last birthday: 43 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Deadwood, South Dakota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Philip Treber

14. MOTHER'S MAIDEN NAME: Edith Bartleson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) June 1936 Aug 53

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife: Edith Treber, same as # 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

581.1

Immediate cause (a) Hemorrhage - Esophageal Varicies — 84 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cirrhosis of liver, Laennec's — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infarction of the Spleen

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 4, 19 53, to Aug., 18, 19 53 that I last saw the deceased alive on Aug., 18, 1953, and that death occurred at 6:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. D. Brill
W.D. BRILL, LT, MC, USNR, U. S. Naval Hospital, NNMC, Bethesda, Md. August 19 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF: August 21 1953 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: August 19 1953 — REGISTRAR'S SIGNATURE: Elsie Whittington

24. FUNERAL DIRECTOR ADDRESS: R.A.Pumphrey, 7557 Wisc., Ave., Bethesda, Md.

RECEIVED
AUG 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4109 Everett Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural give location): 4109 Everett Street

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) EDITH (Last) TROTH

4. DATE OF DEATH: (Month) August (Day) 18, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 7, 1883

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months 8, Days 11 — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Oliver R. Harr

14. MOTHER'S MAIDEN NAME: Mary Browning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: H.E.Troth- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 4 da

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1953, to Aug 18, 1953, that I last saw the deceased alive on Aug. 18, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leo M. Curtis M.D. 5707 Wisconsin Av. Chevy Chase Md. 8-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-20-53 — NAME OF CEMETERY OR CREMATORY: Rockville Union — LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8/21/53 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Robert T. Pumphrey Bethesda, Md.

RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (In this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5813 Bradley Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural, give location) 5813 Bradley Blvd.

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) Goodier (Last) Warren

4. DATE OF DEATH (Month) Aug. (Day) 30 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 1, 1884
9. AGE last birthday 69 yrs. If under 1 year Months 0 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Auto Tires
11. BIRTHPLACE (State or foreign country) ~~XXXXX~~ New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Gary Warren
14. MOTHER'S MAIDEN NAME Mattie Goodier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-12-4413
17. INFORMANT AND ADDRESS Mrs. Jane B. Warren-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-2-53
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Montgomery Co., Maryland

DATE REC'D BY LOCAL REG. 9/1/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 4 19[illegible]3
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (In this place) 1 mo - 9 days HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Conv. Home	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gurney	—	Warthen	Aug	28	1953

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 12 1882	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer - Own Farm	Farmer	Damascus, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William E. Warthen	Olive Anne Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If year, give war or dates of service)	17. INFORMANT
no	219-14-8035	Mrs. Gorney Warthan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Prostate with metastasis	2 yr
177X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 4/14, 1953 to 8/28, 1953 that I last saw the deceased alive on 8/25, 1953, and that death occurred at 11:55P m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Sandy Spring Md 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 31, 1953	Damascus	Damascus, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-31-53	Gertrude B Fawler	Olin L. Molesworth, Damascus, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 3912 Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) ~~Bertha~~ Bettie (Last) Webster
4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 7, 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 9 Days 23 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Illinois 11
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Francis Marion Webster
14. MOTHER'S MAIDEN NAME: Marie Antoinette Potter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Ethel Wright - niece

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: 1 mo.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis, Severe — Several years

DUE TO (c) — 1 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Partial Intestinal Obstruction

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1953, to Aug 30, 1953, that I last saw the deceased alive on Aug 30, 1953, and that death occurred at 8.05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas C. H. Hendman M.D. ADDRESS 3906 Wash. St., Kensington, Md. DATE SIGNED 8/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE THEREOF 9/2/53
NAME OF CEMETERY OR CREMATORY Oakridge
LOCATION (City, town, or county) (State) Sandwich, Illinois
DATE REC'D BY LOCAL REGISTRAR 9/1/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert M. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP 4 1953
BUREAU V. S.

3906 G W W Res
Lo.-5-0447

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda-rural X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural give location) 105 Hesketh Street

3. NAME OF DECEASED: (Type or Print) (First) Patricia (Middle) Tyson (Last) Young

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 29 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Reading, Pennsylvania 35

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anderson Tyson

14. MOTHER'S MAIDEN NAME: Mary Yard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Husband: William B. Young, same as # 2 above

4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.1

Immediate cause (a) Penetrating Duodenal Ulcer — Interval Between Onset And Death: 8 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: August 20, 1953

19b. MAJOR FINDINGS OF OPERATION 1) Multiple uterine fibroids; 2) Lymphedema sigmoid colon and visceral pelvic peritoneum

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1953, to Aug. 15, 1953, that I last saw the deceased alive on Aug. 15 1953, and that death occurred at 5:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.H. HILL, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md. August 15, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF 17 Aug., 1953

NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR August 15 1953

REGISTRAR'S SIGNATURE Reid Whittington

24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's, 1756 Penn.Ave., Wash., D.C.

VS. A15 —1

RECEIVED
AUG 18 1953
BUREAU V. S.